Name in Full

Certificate of Death

Jacob Couter

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month 6 Day 4 Age Y. 71 M. D. Native of Maryland Occupation Brab Builder

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 1

Husband of Wife ——

Father's Name —— Mother's Name ——

Cause of Death Primary Hepatic Abscess How long sick 1 month

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Geo. L. Broadway M.D.

Address 100 Va Ave Cuts

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6[illegible]

found in June 1898

Name in Full Howard Linn Order

Certificate of Death

Died at Town Cumbo County Alleg. MARYLAND

Date 189 9 Month Jun Day 3 | Age Y. — M. 6 D. — | Native of Md | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife —

Father's Name B. L. Order

Mother's Name — Dickey

Cause of Death: Primary Meningitis 39a | How long sick 2 w

Immediate Convulsions | Accident, Suicide, Homicide

Reported by C H Brace

Address Cumbo Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

Name in Full Jacob Easter

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month June Day 23 | Age Y. 58 M. — D. — | Native of Cumberland Occupation Painter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 0

Husband ~~Wife~~ of Jennie Easter

Father's Name Emanuel Easter Mother's Name Mary Easter

Cause of Death: Primary Epithelioma of jaw — How long sick 10 months

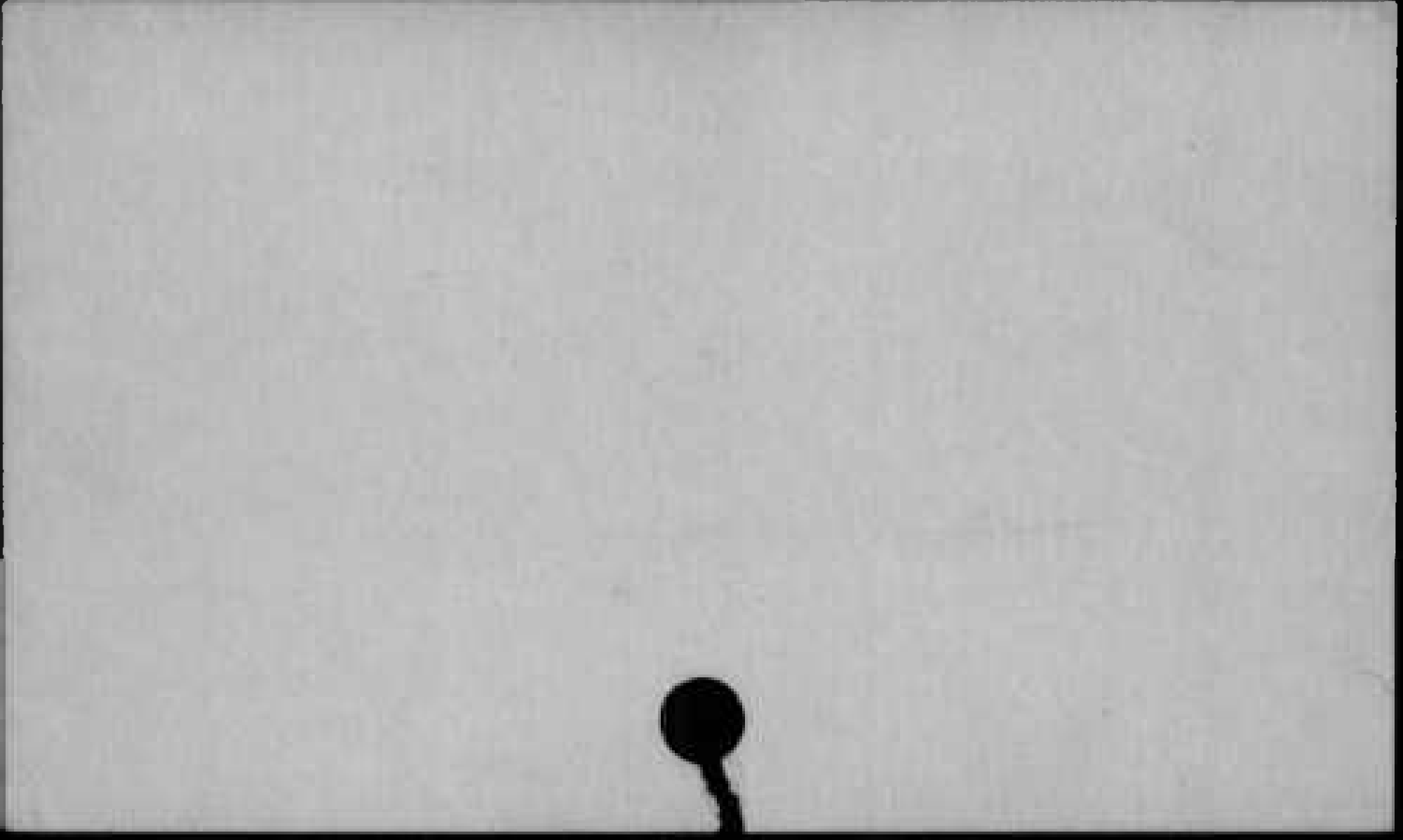
Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by E. F. Dupse M.D.

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full Dewey A. Hamilton

Certificate of Death

Died at Town Franklin County Allegany MARYLAND

Date 1899 Month Sept Day 18 Age Y. M. D. 10 22 Native of Occupation

Male Arch White White Married — Widow — Divorced —

Female Colored Single Widower Number of children living

Husband of Wife —

Father's Name William Hamilton Mother's Name Amanda Hamilton.

Cause of Death Primary Bronchi Pneumonia 71 How long sick about 10 days

Immediate Asthenia Accident, Suicide, Homicide

Reported by John F. Dawson

Address ~~[illegible]~~

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79869

Attended by Dr. J. G. Abbott

of Piedmont W. Va

Seen by Coroner

of

Information contained in this certificate received from J. J. Abbott

of Piedmont

Name in Full Major Hamilton

Certificate of Death

Died at Town Barton County Allegany MARYLAND

Date 1899 Month June Day 12 Age Y. 4 M. D. Native of — Occupation —

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of ~~children living~~

Husband / Wife of —

Father's Name Miller Hamilton Mother's Name Emma Major

Cause of Death: Primary Consumption 22a How long sick

Immediate Bronchitis & Hooping Cough Accident, Suicide, Homicide

Reported by S. A. Boucher, M. D.

Address Barton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full — Holsinger

Certificate of Death

Died at — Town: Midland — County: Allegany — MARYLAND

Date 1899 — Month: June — Day: 3 — Age: Y. X — M. X — D. 16 — Native of: Midland — Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name: John Holsinger — Mother's Name:

Cause of Death — Primary: Spinal Trouble — How long sick: Since Born

Immediate: 137 — ~~Accident, Suicide, Homicide~~

Reported by: Jno. F. Cadden Undertaker

Address: Midland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Attended by Dr. J. H. Carpenter

of Midland Mich

Seen by Coroner .....

of .....

Information contained in this certificate received

from Jno. F. Cadden

of Midland Mich

Name in Full — Judy (Infant) — Certificate of Death

Died at Town: Cumberland County: Allegany — MARYLAND

Date 1899 Month: June Day: 25 | Age Y. — M. — D. 1 | Native of Cumberland | Occupation Infant

~~Male~~ Female | White | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living ~~—~~

Husband / Wife of —

Father's Name Wm. Judy

Mother's Name Maggie Judy

Cause of Death — Primary: 8 months (premature birth) — Immediate: —

How long sick —

~~Accident, Suicide, Homicide~~

Reported by E. T. Dupe M.D.

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mrs. Mary Kerr

Certificate of Death

Died at Town Gilmore County Allegany MARYLAND

Date 1899 Month 6 Day 22 | Age Y. 62 M. D. 5 | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 8

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary cirrhosis of liver

Immediate 90

How long sick

Accident, Suicide, Homicide

Reported by Star 6-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Rev. A. C. Thomson, Lancaster

Name In Full

Certificate of Death

Bessie Elizabeth Kyle

Died at Town: Franklin County: Allegany MARYLAND

Date 1899 Month: June Day: 11 | Age Y.: 18 M. D. | Native of: — | Occupation: —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husbend of
Wife

Father's Name: James Kyle

Mother's Name: Elizabeth Kyle

Cause of Death: Primary

Immediate 161

How long sick

Accident, Suicide, Homicide

OVER

OVER

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000

Attended by Dr. J. J. Abbott

of Piedmont, W. Va

Seen by Coroner

of

Information contained in this certificate re-

ceived from Dr Abbott

of Pied

Name in Full Bessie Longridge

Certificate of Death

Died at Town Barton County Allegany MARYLAND

Date 1899 Month June Day 14 Age Y. 3 M. D. Native of Barton Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Mathew Longridge Mother's Name Lizzie Kirk

Cause of Death Primary Cerebro Spinal Immediate Meningitis 396

How long sick

~~Accident, Suicide, Homicide~~

Reported by S. A. Boucher Physician

Address Barton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65969

Name In Full Westernport Allegany Mahew

Certificate of Death

Died at Town Franklin County MARYLAND

Date 1899 Month June Day 21 | Age Y. 17 M. 2 D. day | Native of American | Occupation X

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single \ ~~Widower~~ ~~Number of children living~~

Husband of Wife X

Father's Name 7

Mother's Name Becker J. Mahew

Cause of Death: Primary Pumping cough — How long sick 2 weeks

Immediate Catarral Pneumonia — Accident, Suicide, Homicide

Reported by J B Sheppe

Address Westernport

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. J. B. Simpson

of _____

Seen by Coroner _____

of _____

* Information contained in this certificate received from _____

of _____

Name in Full | Certificate of Death

Ambros Lee Mattingley

Died at Town: Cumberland County: Allegany MARYLAND

Date 1899 Month: June Day: 11 | Age Y.: 10 M.: 7 D.: 12 | Native of: Maryland | Occupation: School Boy

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | Single | ~~Widower~~ | Number of children living 6

Husband of Wife

Father's Name: William T. Mattingley | Mother's Name: Mary A. Mattingley

Cause of Death: Primary: Acute Peritonitis | Immediate: Mortification

How long sick

~~Accident, Suicide, Homicide~~

Reported by: J. Jones Wilson

Address: Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mil

LIBRARY BUREAU, 65968

Name in Full Alexander J. Meek — Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 189 Month June Day 10. | Age Y. 50 M. 8 D. 20 | Native of Scotland | Occupation miner

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 6

~~Wife~~ Husband of Eliza Bradley Meek

Father's Name Archibald Meek | Mother's Name Christian Meek

Cause of Death: Primary Fracture at Base of Brain, 145 c | How long sick 12 hours

Immediate Shock, Loss of Blood below condyles | Accident, ~~Suicide, Homicide~~

Reported by M. Gibson Porter

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name In Full Christian Tate Meek

Certificate of Death

Died at Town Burton County Allegany MARYLAND

Date 1899 Month June Day 20 | Age Y. 76 M. 9 D. | Native of Scotland | Occupation H. W.

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | Widow | ~~Widower~~ | ~~Divorced~~ | Number of children living 4

~~Husband~~ Wife of Archibald Meek

Father's Name John Tate | Mother's Name Unknown

Cause of Death: Primary Heart trouble — How long sick two years

Immediate 57 — Accident, Suicide, Homicide

Reported by John F. Dawson

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79788

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate re-

ceived from _____

of _____

John Meek

Barton, MD

Name In Full John Rumph

Certificate of Death

Died at Mt Savage Town, Allegany County, MARYLAND

Date 189 Month June Day 18

Age Y. 24 M. 11 D. 3

Native of ,, Occupation Storekeeper

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name John Rumph

Mother's Name 22a

Cause of Death — Primary Consumption of Lungs — How long sick, 4 to 5 years.

Immediate — Accident, Suicide, Homicide

Reported by Graham & Cumberland

Address Mt Savage Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

at _____

Name in Full James Thomas Sharpe

Certificate of Death

Died at Town Midland County Allegany MARYLAND

Date 1899 Month June Day 1st Age Y. 5 M. 4 D. 20 Native of Maryland Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Frank G Sharpe

Mother's Name Femima Davis

Cause of Death Primary Pneumonia Double

Immediate Congestion Lungs 72

How long sick 3 weeks

Accident, Suicide, ~~Homicide~~

Reported by A G Smith M D

Address Ocean Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name In Full

Certificate of Death

Emma L. Shaw

Died at Town: Moscow County: Allegany MARYLAND

Date 1899 Month: June Day: 5 | Age Y. 28 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | Divorced Number of children living

Husband of
Wife

Father's Name: Joseph Shaw

Mother's Name: Sarah Shaw

Cause of Death: Primary: Meningitis — How long sick

Immediate — Accident, Suicide, Homicide

39a

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70908

Attended by Dr. C. Brotemarkle
of Lonaconing

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from Dr Brotemarkle
of L.

Neme in Full

Certificate of Death

E. R. Snyder

Died at Town Cumberland County Allegany MARYLAND

Dete 189 9 Month 6 Day 14 | Age Y. M, D. | Nature of | Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of

Wife

Father's Neme

Mother's Name

Cause of Death { Primery . Consumption 2 2a | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Garett Journal 6-22

Address

Must be signed by physician, if any in ettendence, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Per. C. H. Richardson

Name in Full

Certificate of Death

Geo. W Spelman

Town

Died at Cumberland

County

Alleg.

MARYLAND

Month Day Y. M. D.

Date 1897 — 6 — 23 Age 56 Native of Md. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 2

Husband / Wife of

Father's Name

Mother's Name

Cause of Death: Primary — Aortic obstruction

Immediate — Asthenia

How long sick 2 yrs.

~~Accident, Suicide, Homicide~~

Reported by W. H. Causey M. D.

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full: Frederick Washington Stanley

Certificate of Death

Died at Town: Cumberland County: Allegany MARYLAND

Date 1899 Month: 6 Day: 3 | Age Y.: 49 M.: 2 D.: — | Native of: Virginia | Occupation: Saloon Keeper

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Divorced~~ Widower Number of children living 4

Husband ~~Wife~~ of Matilda Stanley

Father's Name — Mother's Name —

Cause of Death: Primary Acute Rheumatism | How long sick 6 Mos

Immediate Endocarditis | ~~Accident, Suicide, Homicide~~

Reported by W. W. Wiley

Address —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mary Wright

Died at Town Cumberland County Allegany MARYLAND

Date 189 Month June Day 29 Age Y. M. D. Native of Ireland Occupation wife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~

Number of children living 3

~~Husband~~ Wife of James Wright

Father's Name —

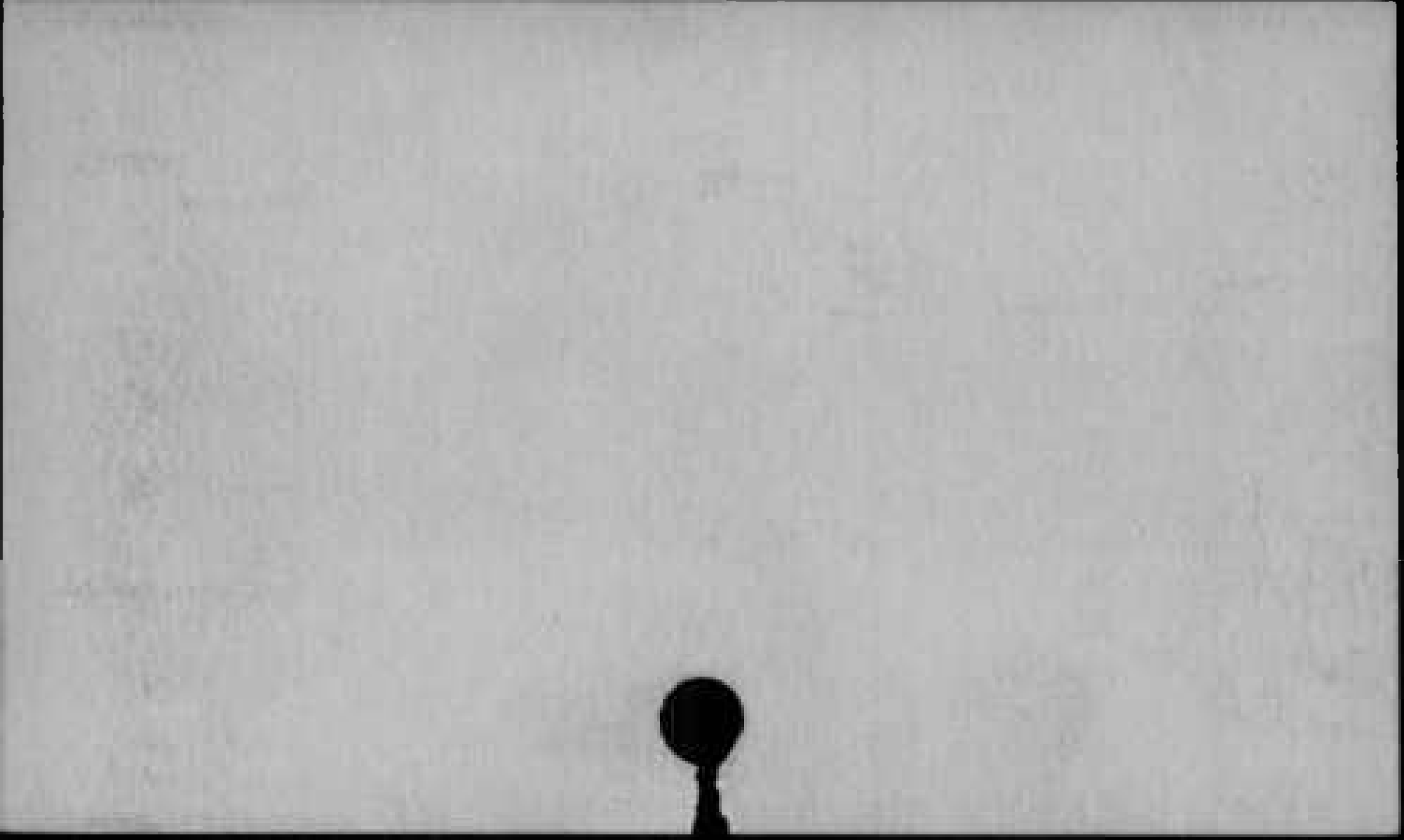
Mother's Name —

Cause of Death: Primary Peritonitis — How long sick 6 days

Immediate Mortification — ~~Accident, Suicide, Homicide~~

Reported by J. Jones Wilson

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

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